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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	NOV055-234137
First Named Inventor	ROBIN-CHAMPIGNEUL, Yves
<b>COMPLETE IF KNOWN</b>	
Application Number	UNKNOWN
Filing Date	HEREWITH
Art Unit	UNKNOWN
Examiner Name	UNKNOWN

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR REPRODUCTION OF VARIABLE IMAGES WITH ANGLE OF VIEW**

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY) 22 JULY 2004 as United States Application Number or PCT International

Application Number PCT/FR2004/001955 and was amended on (MM/DD/YYYY) 22 JULY 2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
FR 0309339	FRANCE	29 JULY 2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  The address associated with Customer Number: 40440 OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YVES

ROBIN-CHAMPIGNEUL (deceased)

Inventor's Signature

(Legal successors appear below)

Date

n/a

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

## NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

GEORGES

BUCHNER

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

PARIS

FRANCE

FRENCH

Mailing Address

34 RUE DE PICPUS

City

State

Zip

Country

75012 PARIS

FRANCE

Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
OLIVIER		GACHIGNARD	
Inventor's Signature		Date	
MONTROUGE Residence: City	State	FRANCE Country	FRENCH Citizenship
8 RUE DE STADE BUFFALO			
Mailing Address			
92120 MONTROUGE City	State	Zip	FRANCE Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Francoise (Legal successor of Yves Robin-Champigneul)		ROBIN-CHAMPIGNEURL	
Inventor's Signature		Date	
PARIS Residence: City	State	FRANCE Country	FRENCH Citizenship
16 RUE DE L'AVRE			
Mailing Address			
75015 PARIS City	State	Zip	FRANCE Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
LOIE (Legal successor of Yves Robin-Champigneul)		ROBIN-CHAMPIGNEURL	
Inventor's Signature		Date	
SURESNES Residence: City	State	FRANCE Country	FRENCH Citizenship
4 RUE DE ST CLOUD			
Mailing Address			
92150 SURESNES City	State	Zip	FRANCE Country

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CYRIL (Legal successor of Yves Robin-Champigneul)		ROBIN-CHAMPIGNEURL	
Inventor's Signature		Date	
BELGIUM Residence: City	State	GERMANY Country	FRENCH Citizenship
13 AVENUE DE MALMAISON WATERLOO			
Mailing Address			
BELGIUM City	State	Zip	GERMANY Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SABINE (Legal successor of Yves Robin-Champigneul)		CASTILLA	
Inventor's Signature		Date	
PARIS Residence: City	State	FRANCE Country	FRENCH Citizenship
33 RUE FELICIEN DAVID			
Mailing Address			
75016 PARIS City	State	Zip	FRANCE Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ETIENNE (Legal successor of Yves Robin-Champigneul)		ROBIN-CHAMPIGNEUL	
Inventor's Signature		Date	
PARIS Residence: City	State	FRANCE Country	FRENCH Citizenship
33 RUE FELICIEN DAVID			
Mailing Address			
75016 PARIS City	State	Zip	FRANCE Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	UNKNOWN
Filing Date	
First Named Inventor	ROBIN-CHAMPIGNEUL, Yves
Title	SYS. REPRODUCTION OF VARIABLE ...
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NOV055-234137

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

40440

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

40440

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	GEORGES BUCHNER
Title and Company	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

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Filing Date	
First Named Inventor	ROBIN-CHAMPIGNEUL, Yves
Title	SYS. REPRODUCTION OF VARIABLE ...
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NOV055-234137

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	OLIVIER GACHIGNARD
Title and Company	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	UNKNOWN
Filing Date	JANUARY 27, 2006 (Herewith)
First Named Inventor	ROBIN-CHAMPIGNEUL, Yves
Title	SYS. REPRODUCTION OF VARIABLE ...
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NOV055-234137

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	FRANCOISE ROBIN-CHAMPIGNEURL (Legal Successor)
Title and Company	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<b>Application Number</b>	UNKNOWN
<b>Filing Date</b>	JANUARY 27, 2006 (Herewith)
<b>First Named Inventor</b>	ROBIN-CHAMPIGNEUL, Yves
<b>Title</b>	SYS. REPRODUCTION OF VARIABLE ...
<b>Art Unit</b>	UNKNOWN
<b>Examiner Name</b>	UNKNOWN
<b>Attorney Docket Number</b>	NOV055-234137

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 Firm or Individual Name

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	LOIE ROBIN-CHAMPIGNEURL (Legal Successor)	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/> *Total of _____ forms are submitted.
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Application Number	UNKNOWN
Filing Date	JANUARY 27, 2006 (Herewith)
First Named Inventor	ROBIN-CHAMPIGNEUL, Yves
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Art Unit	UNKNOWN
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I hereby appoint:

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I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NOV055-234137

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 Firm or Individual Name Address City

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	SABINE CASTILLA (Legal Successor of Yves Robin-Champignuel)
Title and Company	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<b>Filing Date</b>	JANUARY 27, 2006 (Herewith)
<b>First Named Inventor</b>	ROBIN-CHAMPIGNEUL, Yves
<b>Title</b>	SYS. REPRODUCTION OF VARIABLE ...
<b>Art Unit</b>	UNKNOWN
<b>Examiner Name</b>	UNKNOWN
<b>Attorney Docket Number</b>	NOV055-234137

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Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	ETIENNE ROBIN-CHAMPIGNEUL (Legal Successor)
Title and Company	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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